

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014917

STATE FILE NUMBER

2 4134

FILED MAY 15 1959

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hosp.		d. STREET ADDRESS 733 Limit	

3. NAME OF DECEASED (Type or print) First Middle Last Max Dreyfus			4. DATE OF DEATH Month Day Year April 27, 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1899	9. AGE (In years last birthday) 59	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Millinery Manf.		11. BIRTHPLACE (City and state or country) USSR	
13a. FATHER'S NAME Harry Dreyfus		13b. MOTHER'S MAIDEN NAME Frieda (unk)		14. NAME OF HUSBAND OR WIFE Ida	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, (If unknown) (If yes, give war or dates of service)) No		16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Ida Dreyfus 733 Limit	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Atherosclerosis (coronary)</u> DUE TO (c) <u>Diabetes mellitus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3 years</u> <u>2 years</u>
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20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. CITY, TOWN, OR LOCATION University City, Mo.			20f. COUNTY STATE		
21. I attended the deceased from <u>June 1955</u> to <u>Death</u> and last saw him alive on <u>4/20/59</u> Death occurred at <u>1030</u> a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Edward Massee M.D.</u> (Degree or title)			22b. ADDRESS <u>4570 Kingshighway</u>		
22c. DATE SIGNED <u>4/27/59</u>			22d. DATE OF DEATH <u>4/27/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rem.</u>		23b. DATE <u>4/28/59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emet</u>	
23d. LOCATION (City, town, or county) <u>University City, Mo.</u>		23e. STATE <u>Mo.</u>		23f. COUNTY	
24. FUNERAL DIRECTOR <u>Berger Memorial 4715 McPherson</u>			25. DATE RECD. BY LOCAL REG. <u>APR 28 '59</u>		
26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>			26. REGISTRAR'S SIGNATURE		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

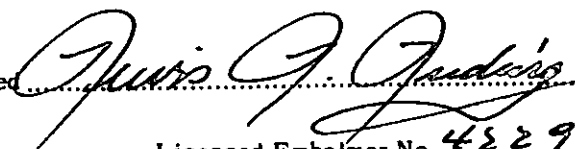
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed  .....  
Licensed Embalmer No. 4229 .....  
P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.